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Calling orientations of junior doctors and medical interns in India: Cultural, occupational and relational perspectives

Abstract

This study examines the factors that shape calling orientations within the Indian context. Based on the narratives of 72 junior doctors and medical interns, it is found that participants identify with harbouring a calling both prior and subsequent to occupational entry. Although factors such as self-recognition of talent and sensemaking of work as destiny play a role, familial communication is found to be particularly influential in the formation of a calling outlook. A relational view of callings associated with generativity and family legacy is thus highlighted. The study additionally compares the career stories of individuals who do (n=29) and those who do not (n=43) frame their occupation as a calling. Participants with a calling orientation are found to have a strong affective attachment to the profession, further influenced by familial communication and value internalization. The findings also demonstrate that the calling experience is malleable and can evolve through work/life experiences.

Keywords: callings, India, purpose

Calling orientations of junior doctors and medical interns in India: Cultural, occupational and relational perspectives

The importance of understanding vocational perceptions and an individual's approach to an occupation has been highlighted in both popular and academic articles. The careers and vocational development literature, in particular, view callings as having unique experiential dimensions that act as a force in drawing individuals towards specific vocations (Berg, Grant, & Johnson, 2010; Dik & Duffy, 2009; Dobrow, 2013; Elangovan, Pinder, & McLean, 2010; Hall & Chandler, 2005). Locating oneself within an occupation to which one has been called has been linked to both work and life satisfaction (Bunderson & Thompson, 2009; Duffy, Foley, Raque-Bodgan, Reid-Marks, Dik, Castano, & Adams, 2012; Wrzesniewski, McCauley, Rozin, & Schwartz, 1997). The calling construct is however complex and includes multifaceted characterizations. For instance, callings are seen to hold religious and spiritual significance but are also found to have secular connotations (Hall & Chandler, 2005; Hernandez, Foley, & Beitin, 2011; Hirschi, 2011). Its origins are seen as being both external (Dik & Duffy, 2009) and internal (Hall & Chandler, 2005).

Our understanding of how callings are recognized and expressed in non-western contexts also remains limited (Duffy et al., 2012; Elangovan et al., 2010; Zhang, Dik, Wei, & Zhang, 2014). The notion of calling is deep-rooted in western philosophy (Berg et al., 2010; Dik & Duffy, 2009), and "very little is known about how calling is perceived across cultures" (Hunter, Dik, & Banning, 2010, p. 184). Berg et al. (2010) suggest that occupational callings can be subject to the impact of national and regional cultural norms and the enactment of callings in different environments might take different forms. Indeed, appeals have been made to examine how contextual factors shape the meaning of work (Dobrow, 2013; Duffy et

al., 2012; Heslin, 2005) and how callings are expressed in more heterogeneous samples (Berkelaar & Buzzanell, 2015; Duffy et al., 2012; Duffy & Dik, 2013). This paper therefore aims to understand how individuals identify with harbouring a calling in the Indian context using a sample of junior doctors and medical interns. The study draws on the understanding of a calling orientation as a subjective, psychological belief where people perceive a strong sense of purpose in their vocation and demonstrate prosocial intentions towards a particular field of work (Dik & Duffy, 2009; Hall & Chandler, 2005). It is useful to note that the term 'calling' with its associated connotations, does not have an established, all-embracing translation in Hindi, India's national language. English nevertheless, is the country's second official language and the sample used was well-educated and fluent in the language. The present study consequently reflects previous conceptualisations of calling as a strong sense of vocational purpose (Bogart, 1994; Duffy, Allan, Autin, & Bott, 2013).

Prior literature also makes reference to the role of family legacy as a motivational source of one's occupational calling (Dik & Duffy, 2009; Duffy, Allan, Bott, & Dik, 2014) but does not examine familial traditions and communication in calling development. With the family forming a focal point of society in India (Roysircar, Carey, & Koroma, 2010) and adherence to one's duty towards family being a defining feature of work-related decision-making (Gupta & Tracey, 2005), this study examines the role of the family in the development of a calling orientation. Furthermore, the vocational literature does not clearly examine when a calling orientation is formed in relation to one's occupation and whether the sources of a calling are unique compared to that of a career (e.g. emphasizing hierarchical progression) or a job (e.g. emphasizing financial rewards) orientation (Wrzesniewski et al., 1997). Previous literature nevertheless emphasizes that individuals with calling orientations find work more intrinsically fulfilling compared to those with a career or a job orientation (Wrzesniewski et al., 1997). It has been suggested that individuals with higher calling

orientations tend to simultaneously display higher career decidedness, engagement and confidence in contrast to ‘noncalling’ groups (Hirschi, 2011). Based on these findings therefore, it is reasonable to expect that the foundations of occupational choice and satisfaction with career decisions will be different for calling and noncalling individuals. The present study therefore explores these distinctive work orientations.

This study contributes to the vocational literature in three ways. First, it is unique in its effort to capture the perceptions of a calling in the Indian cultural context. Second, in contrast to research in the West, the paper elaborates on the relational sources of a calling which is seen as particularly pertinent to the eastern context of India. Third, unlike previous qualitative research, the narratives of participants with and without a calling orientation are compared, to elaborate on the different experiences involved in the sensemaking of their vocational path. The next section outlines the calling construct and the family legacy paradigm. The emphasis on family centrality in India is also highlighted.

Literature Overview

Callings

Callings are said to have an action-oriented quality, providing direction and meaning to accomplish prosocial or altruistic intentions (Elangovan et al., 2010). Individuals who perceive work as a calling report harbouring a strong sense of purpose (Haney-Loehlein, McKenna, Robie, Austin, & Ecker, 2015) and display higher job satisfaction, higher career decidedness (Duffy & Sedlacek, 2007), greater career commitment (Duffy et al., 2012), and experience work as more rewarding and meaningful (Bunderson & Thompson, 2009; Hall & Chandler, 2005; Wrzesniewski et al., 1997). Nevertheless, the pursuit of a calling is also seen to have a ‘dark side’ with negative consequences. A strong yearning to realize one’s calling can render individuals vulnerable to low pay, mistreatment, and work overload (Bunderson &

Thompson, 2009). It has been suggested that maintaining a rigid work identity and possessing high expectations of both oneself and others can involve personal sacrifices and can be detrimental to overall wellbeing (Bogart, 1994). Cardador and Caza (2012) propose that calling-oriented individuals with work-identity rigidity might be less able to withstand various challenges and stressors at work. The framing of work as a calling has also been conceived as a mechanism of social control and a challenge to one's agency (Berkelaar & Buzzanell, 2015).

Furthermore, early literature has theorized the 'calling' and 'vocation' constructs as having distinct motivational sources relating to occupational choice. While a calling orientation has previously been distinguished as being stimulated by an external source, the vocational literature attributes work engagement wholly to internal reasons (Dik, Duffy, & Eldridge, 2009). This distinction has evolved such that the differences between the constructs are now blurred. Billett (2011, p. 91) draws attention to the difference between being 'called to' and having a 'calling for' an occupation. Whereas the former implies an external call to a particular occupation, the latter indicates personal volition in occupational choice. Recent work by Duffy et al. (2014) examining the sources of calling to work and life outcomes found that irrespective of the perceived source, participants with a calling reported experiencing high work and life satisfaction. The three main sources, as reviewed by the authors, emanate from external summons, fulfilling destiny, or finding a 'perfect fit' with a vocation. The 'fit' perspective, consistent with person-environment fit, has been represented as an 'inside-out' approach, with self-exploration and inner drive being the cornerstones of calling recognition. External summons, on the other hand, are characterized by an 'outside-in' quality where one finds their call through God, a higher power, a family legacy, or the needs of society. Callings can therefore be seen as either having a religious or a 'secular, inner-directed' quality (Hall & Chandler, 2005).

Family legacy and communication

Family legacy and familial traditions and communication as a source of one's calling has not been explored meaningfully in the literature to date. This lapse in our understanding is unfortunate given that relational processes play a pivotal role in shaping vocational exposure, sensemaking, employment aspirations and self-efficacy, particularly in countries demonstrating in-group collectivism (Blustein, 2011; Bryant Zvonkovic, & Reynolds, 2006; Young et al., 2001). India exhibits midlevel collectivism with high power distance between members, where the duty towards others and 'serving and sacrificing' for the in-group is seen as the norm (Singelis, Triandis, Bhawuk, & Gelfand, 1995, p. 244). The value of *dharma* or one's 'sense of duty' is central to spiritual life, moral conduct and in carrying out one's 'mandated social role' (Bogart, 1994, p. 13). One's duty towards family is also found to be a defining feature in work-related decisions in India (Gupta & Tracey, 2005). Collectivist societies that display high member interdependence exhibit high individual goal congruence with group goals (Singelis et al., 1995) and it has been found that the 'familial self' is where Indians are most likely to display collectivist tendencies (Sinha, Sinha, Verma, & Sinha, 2001).

Family legacy has been described as 'living tradition' or a 'lived understanding' which is constructed and reconstructed over time by family members and generations, and additionally influenced by cultural and societal discourses (Plager, 1999). Family legacy is closely associated with the psychological construct of generativity, which is described as "the concern in establishing and guiding the next generation" (Erikson, 1963, p. 265). Generativity often occurs in parenting, teaching, religious / political involvement and in leisure pursuits, helping to shape an individual's identity (Hebblethwaite & Norris, 2011; McAdams & Logan, 2004). Legacies developed through generativity can provide individuals with memories, experiential knowhow, and favourable exemplars to emulate (SmithBattle, 2006).

Family communication is central to generativity (Young et al., 2001), where the recipients of generative communication are found to imbibe the values inherent in transmitted messages. For example, a longitudinal study by Pratt, Norris, Hebblethwaite, and Arnold (2008) found that a greater number of life interventions by more generative parents were associated with greater adolescent acceptance of conveyed value messages. Family culture and communication can therefore form an important element in vocational socialization (Jablin, 2001). Research has indeed highlighted that immediate and proximal reference groups such as the family have particular resonance for an individual's vocational identification and development (Brown, 2004; Schultheiss, 2007; Whiston & Keller, 2004). Reference groups can occupy a powerful position in terms of creating normative expectations of a person's career goals and identity, and can also exert a force in influencing tangible career outcomes (Grote & Hall, 2013). The transmission of messages within the familial site can help explain an individual's interest development, orientation towards a particular occupation, and eventual career actions (Myers, Jahn, Gailliard, & Stoltzfus, 2011).

In addition to the family legacy paradigm, this study draws on four prominent types of family communication that are relevant to how individuals develop an interest in educational and career pursuits (Myers et al., 2011). Based on the vocational anticipatory socialization (VAS) thesis, *value* messages are those that encourage individuals to align their careers with familial or societal ideals. *Expectation* messages provide cues about what individuals can expect from a chosen career path, for example, in terms of job satisfaction and job stability. *Description* messages are those that provide job-specific information such as required work knowledge. *Prescription* messages emphasize what an individual *ought to* pursue in light of occupational prestige, one's talent or one's interests. Such messages might be received from friends and family, peers, educational institutions, or the media. Nevertheless, parental

communication can be particularly influential in delivering such messages due to their proximity and the nature of filial bonds.

The next section provides details of data collection and analysis, and drawing on the aforementioned theories, a presentation and discussion of the findings.

Method

A qualitative method was chosen for the study and a semi structured interview format was employed, following the principles of a narrative-style approach to research (Creswell, 2007, p. 54). A narrative refers to “a discourse form in which events and happenings are configured into a temporal unity by means of a plot” (Polkinghorne, 1995, p. 5). The aim was to gain an understanding of participants’ retrospective career histories and their future aspirations (Christensen & Johnston, 2003). The ‘temporalized expressions’ (Rhodes & Brown, 2005, p. 172) allowed for the exploration of various developments that contributed to the sensemaking of their vocation. Furthermore, the work-related expectations expressed by participants provided further insight into the nature of callings. The interviews, which covered both retrospective and forward-looking accounts of vocational pursuits, provided an understanding of how narratives were additionally linked with aspects of cultural identity.

Data collection

Data were collected from seventy-two junior doctors and medical interns at two medical teaching hospitals in Bangalore between August 2012 and May 2014. On obtaining gatekeeper consent, the medical interns were introduced to the research aims during their weekly briefing session and potential participants were also approached directly on hospital premises. On initial recruitment, a subsequent referral system was used to approach other potential respondents. The interviews predominantly took place on hospital premises, either at the library or in an office. The author completed a document sheet at the beginning of each

interview, noting information about the participant's gender, age, speciality of interest, family members in the healthcare profession, and whether they identified themselves as religious. Being informed by a narrative-style approach, five predominant areas were discussed: career histories, including reasons for joining medicine; conceptions of career success; educational and early work experiences; work as calling; and future aspirations.

All respondents in this sample were well-versed and educated in English (one of two official languages in the country because of its colonial past). With a diversity of religious beliefs and over one hundred regional languages, each spoken by over 10,000 native speakers (Azam, Chin, & Prakash, 2013), the term calling in India does not have an all-embracing translation. Additionally, commonly understood words in Hindi (the other official language) such as *kartavya* (derived from Sanskrit, meaning duty) and *naseeb* (derived from Arabic, meaning fate) cannot fully capture the subjective expressions likely to be associated with calling orientations and could indeed be deemed as potentially leading. For consistency therefore and drawing on prior conceptualizations (Bogart, 1994; Duffy et al., 2013; Haney-Loehlein et al., 2015; Hirschi, 2011), the following question was posed in relation to calling: 'Do you consider medicine your calling or your life purpose?' Following this, participants were encouraged to narrate particular episodes and experiences, attempting to draw out the 'stories' and distinct meanings that they associated with a calling orientation (e.g. why do you think this is your calling?). The follow-up questions that were embedded throughout the interview aimed to clarify and encourage further exemplification of particular narratives. Interviews were audio recorded with participant consent. Additional notes were taken during discussions to capture specific emotional displays and note author reflections, assisting in subsequent data analysis. One interviewee objected to being taped, and on this occasion, extensive notes were taken to retain his original words. To maintain anonymity, all participants were given pseudonyms.

Participants

Forty-two male and 30 female participants took part in the study. The average age of the interviewees was 23.5 years, ranging from 21 to 32 years. Fifteen participants reported their parents as being doctors and the majority (forty-five) had extended family members as part of the medical profession. Additionally, forty-one individuals identified themselves as being religious. Twenty-nine respondents affirmed that they perceived medicine as their calling (these respondents were labelled as calling-oriented). The other interviewees (43 in number) who declared that they did not view medicine as their calling were labelled as noncalling participants. The noncalling group also included 3 interviewees who claimed that their calling was disconfirmed after entering the medical field. There were no discernible demographic differences between the calling and noncalling group.

Data analysis

The author analysed the data inductively in three stages using the analysis of narrative approach where common themes were identified within participant stories. The first phase involved audio-coding the interview recordings. Working with audio data in the initial stages of analysis was advantageous in providing a higher sensory re-immersion in participant accounts. The audio-coding phase identified broad descriptive themes which were refined in the subsequent stages of analysis. The second phase involved transcribing the audio-recordings in full, reviewing the smaller stories in the commentary (Phoenix, 2008, p. 67) and creating themes based on actors, events, and experiences revealed within the narratives; for example, 'parental influence', 'career styling', 'value absorption' and so on. The narrow codes were then clustered to form broader themes based on the commonalities between them (Polkinghorne, 1995), such as 'generativity'. Memos and summaries were created throughout the process to record temporal ordering and to note developing patterns and associations within participant narratives (Phoenix, 2008, p. 64). In the third phase, the data was revisited

in full to compare the career histories of noncalling participants with those who self-identified medicine as their calling to further understand the distinct experiences and perceptions associated with the occupation.

Findings

The findings are presented in three parts. The first subsection describes the factors identified by respondents as shaping the development of their calling both prior and subsequent to entering the medical profession. The principal differences found in the narratives between calling-oriented and noncalling participants are then emphasized in terms of their affective attachment to the occupation and the type of communication within the familial domain. Following this, the malleable nature of a calling is highlighted, underlining how work orientations might evolve through work and life experiences.

Factors shaping a calling orientation (prior to occupational entry)

Generativity and family legacies

Given the centrality of family in the Indian context, calling orientations were found to be shaped by distinct messages received from familial members. Implicit and explicit communication encompassing *value*, *expectation* and *description* messages, and associated family actions, ‘sowed the seeds’ of vocational interest and passion. Some participant accounts additionally highlighted how callings might mirror and enact family aspirations. It is noteworthy that in the large majority of calling narrations, family approval and the intersection of familial and societal estimation of a medical career appeared to be central in the sensemaking of their vocation. The subsequent subcategories describe participant responses to marked familial behaviour in influencing their orientation towards the medical profession.

Vicarious living and role-modelling: In several calling-related narrations, participants indicated engaging in limited career exploration because of high career decidedness being established early in life through vicarious experiences of work in the medical field. The majority of calling-oriented participants, who identified an immediate or extended family member in the healthcare profession, explained how witnessing *their* ‘good work’ and life satisfaction acted as a pivotal instigator in recognizing their own desired path. Here, *description* messages provided realistic previews of work and evident absorption of profession-relevant information. Several participants attributed the opportunity to explore the values, societal impact, and the ‘worth’ associated with medicine, to the early vocational exposure and *value* messages provided by family members. Expressions such as ‘knowing from childhood’ and ‘never considering anything else’ were used in describing their pull towards medicine. Some participants suggested that such a single-minded pursuit provided clarity in future actions and additional confirmation of their felt passion towards the field. One participant even declared that she always ‘wanted to be like her parents [who were both doctors]’ and was therefore ‘destined to pursue medicine’ (Jiya). Another stated:

My uncle is a doctor and when I was young I used to help him in his clinic. When I used to get up in the morning, I used to really look forward to it... I can't think of anything – there's no obstacle that says 'I am not meant to be [a doctor]'. I knew I wanted to be a doctor...my uncle showed me the path, working with him showed me the path. (Sabeer)

Internalizing messages delivered during vocational styling: Some respondents recounted how family members adopted a tailored approach during their youth and early career exploration phases to encourage an interest development in particular areas of work. During such vocational styling attempts, it is noteworthy that many narrations signalled parental demarcation of ‘acceptable’ vocational boundaries. There was evidence, for

example, of ‘significant others’ encouraging career exploration within a narrow range of occupations, predominantly within the STEM subjects (Science, Technology, Engineering and Mathematics). Such vocational steering often culminated in parents actively encouraging the pursuit of a medical career. Indeed, cultural context, familial expectations and idiosyncratic school curriculums can limit exposure to certain work domains while simultaneously exposing and encouraging adolescents towards specific pathways. A few calling-oriented participants explained how parental involvement encompassed value-based interventions to keep them ‘on track’ or to ‘arrange for exposure’ in what was seen by the family as an *ideal* occupational path. Referring to parental *value* and *expectation* messages, the following participant claimed feeling intensely drawn to medicine because of planned socialization and early family-assisted career navigation:

My mom and dad both wanted to be doctors but neither of them could. And they started turning me towards the whole process of liking medicine. So they used to take me to this old age home and orphanage where there were health check-ups. This was very interesting. I really liked the way the doctors spoke to patients. I like the whole point of being there for someone when there is no one for them, so that is the main reason I took up this career. Parental support is very, very essential and I got it.

(Chetna)

Generativity that emphasizes value-alignment can include explicit persuasion messages in familial discourse surrounding critical events. One participant’s narration, as evidenced below, described his mother’s role in helping him interpret and make sense of particular events, which provided feedback on the meaningfulness and intrinsic worth of the medical vocation. Such *expectation* messages hint at moral instruction that seeks to clarify and align an individual’s self-concept with altruistic familial values and encourage the internalization of value-based messages.

She [mother] was the one who told me 'why don't you want to be a doctor? Look at that - doctors are going there [places struck by natural disasters], helping so many people...what's a dentist going to do?' Not just that, mom is very humanitarian...she doesn't hesitate to help anyone - ever. So because of her actually, it kind of moulded me into who I am. She's a very good human being and I know that if she could have chosen any other profession, she would have been a doctor. (Matthew)

Revisiting family pleas: Generativity assumes that conversations 'live on' and people revisit their experiences and exchanges within the familial or broader relational domain. It is a site for 'constant negotiation' where the conceptions of self evolves during a lifespan (Pratt et al., 2008). Returning to the appeals of his deceased grandparents, one calling-oriented participant recounted how he perceived their explicit plea as inspirational, which acted as a driving force to pursue medicine:

It was my dream since childhood to join medicine and be a doctor. I was passionate about this. When I was in 4th grade, my grandparents expired and they had told me that I should be a doctor - that was an inspiration for me. (Yogi)

Another participant who displayed high family centrality, discussed her life's purpose as additionally following the vocational path her mother yearned for: "I'm fulfilling her dream as well" (Chetna). Indeed, people might vicariously experience their own calling through others such as their children's careers (Berg et al., 2010) or might encourage their children to enact their own missed callings. The related narrations in this study nevertheless pointed to voluntary self-alignment and the felt agentic behaviour of participants in responding to such familial pleas.

Reciprocal consultation: Engaging in dialectical and reciprocal consultation within the family domain could clarify purpose and reaffirm commitment to an occupation. However, family members could also attempt to deter individuals from a vocational path. A

few participants suggested that the presence of a strong pull towards the medical field led them to overlook such negative feedback. This was accompanied by enacted perseverance and having to ‘convince’ others about their commitment to their calling. One interviewee narrated:

My father was opposed to my doing medicine because he had a tough time [as a doctor] and didn’t want me to go through the same. But when I decided that this is what I wanted to do for the rest of my life, he supported me. (Hansa)

Affective responses to life episodes

Some participants described particular episodes as influencing the realization of their calling. Among the narrations, incidents such as witnessing natural disasters, watching documentaries, visiting healthcare settings, or experiencing family illnesses or death provided a strong sense of purpose, signalling the importance of a medical vocation. Here, narrations often centred on wanting to act as a ‘helper’, ‘saviour’ or ‘comforter’ to others:

Postnatal death is very common in India. Even today, labour [childbirth] is not conducted by doctors but by untrained people. I would love to try to make an effort to help. I think women in this country need much more, they actually need to be respected more. (Chetna)

Sense of destiny / higher power or God

Interpreting educational accomplishments as a sign of destiny and seeing the medical profession as fate and the ‘workings’ of a higher power or God was also reported: “Maybe its fate. I used to think if God wants me to serve society, let Him give me a seat [entry into a medical college]...so it’s as if I have been called to do my duty”. (Sandeep)

Factors shaping a calling orientation (after occupational entry)

The following themes emerged from narrations that explicitly described the recognition of a calling following the entry into medical school and practise.

Affective responses to work-related experiences / critical events

Calling orientations can develop through living a vocation. Some interviewees mentioned how personal trials or other events during their 'journey' through medical school activated intense passion and purpose in their lives. One respondent, who claimed to have initially entered medicine because he was 'interested in biology and not good at mathematics', discussed interactional episodes at work which he interpreted as providing him with vital feedback relating to his vocation (e.g. relieving the pain of a patient):

After coming to this field and *after* working (you realize it's a calling). People say, you know, like it's next to Godliness. Because once you see a patient in pain, severe distress, and when you do something and that patient recovers...the amount of joy and happiness you see on their face – nothing can beat that... (Salil)

Initially it wasn't (a calling) but *now* it is. It wasn't something that I just realized overnight but through my journey through medical school, I realized that this was what I was supposed to be doing. I think people's experiences and journeys change everything. I myself was going through anxiety issues in the first year of medicine so I *myself* had to go and see a psychiatrist, I *myself* had to take medication and *that's* when I realized - I said I wouldn't want someone to live a life like how I'm living for the last couple of years. So I want to be able to help like *he* helped me...help people who are going through the same thing. (Reuben)

Self-efficacy / recognition of talent

Some interviewees explained that a recognition of their skill was important in perceiving medicine as their calling. This explains how a calling orientation might only develop after the self-identification of proficiency within a particular domain:

A year back I was *really* sure (about medicine being my calling). I was doing my internship, I was like 'I'm good at this' and ya, this is my calling. And if you are enjoying what you are doing, then it is your calling. You *have* chosen the right path, that's what I feel. (Aarti)

Sense of destiny

Mental improvisation can make people *create* meaning in their profession through a belief in destiny. One calling-oriented participant who self-identified as an atheist appeared to recraft his vocational perceptions to accept his 'fortune' after entering the occupation:

I wanted to become an engineer and I've landed up in medicine. So, whatever I do, I should be doing it in medicine itself. I'm an atheist but if God exists, I can definitely say that God has created me to become a doctor. (Saagar)

Calling and noncalling narratives compared

Based on the callings literature, it is reasonable to expect that individuals who self-identify as possessing a calling will have distinct perspectives on their vocation vis-à-vis those who do not identify their work as a calling (Hirschi, 2011; Wrzesniewski et al., 1997). This section examines the principal differences in the calling and noncalling narrations.

Although a few noncalling participants described the effect of relational influences and generativity in their careers, with family members acting as a role model in their occupational choice, they identified and elaborated on quite distinct forms of familial communication compared to calling-oriented participants. In contrast to the type of family

involvement identified in calling narrations revolving around description messages and value transmission, the majority of noncalling accounts highlighted parental communication based on normative pressure (“My dad came and just *told* me ‘I want somebody to be a doctor in the family’”). Another noncalling participant suggested: “Basically, my father wanted me to be a doctor. So you can directly say parental pressure” (Robert). The use of words such as ‘force’ and ‘pressure’ indicate how participants perceived a lack of volition in relation to their career trajectory. Such demands based on *prescription* messages were evident in several noncalling narratives:

My parents *wanted* me to do medicine, that’s why I took it up. I had no plans of medicine, I wanted to take up engineering but fortunately or unfortunately, my ranking in medicine was better. So they were like ‘you are getting such a good rank, you are getting a free seat in a good college, so why don’t you take this up’. So that’s how they forced me into this. (Jana)

Filial piety assumes a duty towards fulfilling the normative expectations of one’s family. One noncalling participant for instance narrated how societal and parental presuppositions, coupled with perceptions of limited opportunities in his favoured field of work, led him to make a pragmatic choice to carry on the family business:

In India, the eldest son is expected to carry over the parents’ hard work, so I got into it [medicine]. Like... my parents started from scratch, they built this clinic so they want me to handle it because they have literally put their blood and sweat into it. In India, diverse fields are limited because parents say ‘you are not going to survive in those fields’...so even *you* start thinking like that eventually. If I was somewhere like in the States, I could have thought of following my dreams. But not here, it’s not practical. They [parents] think like ‘this is a sure shot, you’re going to be settled’. Our parents are like that, because they’ve lived and they’ve seen the conditions here. (Chandar)

The career stories of noncalling participants, in general, did not provide particular evidence of value transmission, internalization of occupational ideals, or emotionality and attachment towards the medical profession. Where a few interviewees described family members as being a role model in their occupational choice, medicine was reported as a natural ‘comfort zone’, with respondents often identifying alternative career interests. While several recognized the prosocial characteristics of the vocation, there was a greater emphasis on the societal prestige and deference associated with medicine, and additionally in the words of one participant, ‘the glamour’ of a medical career. Science-oriented occupations are indeed accorded the highest value in Indian society and receive greatest parental approval (Arulmani & Nag-Arulmani, 2006). Students often absorb environmental cues which suggest that ‘intelligence’ and academic excellence presupposes the pursuit of a science-oriented career. While several noncalling participants discussed how their career choice was shaped by the ‘science is superior’ view, endorsed by friends and family, schooling, and via career counselling services, only two calling-oriented interviewees discussed their initial pull towards medicine as stemming from education-related sociocultural norms. In both these instances, participants narrated developing a calling orientation *after* entering the field.

It should therefore be noted that although the rationale for an initial vocational choice might involve yielding to directive messages, normative pressures, and societal influences, subsequent behavioural involvement in an occupation can permit the development of a calling orientation (evolving into a post-entry calling realization as explained previously). Indeed, a noncalling participant described how he was ‘waiting to see’ whether he would experience his future relationship with medicine as a calling. This individual, who recounted being ‘forced’ into the profession by his parents because of the lack of doctors in his family, explained:

No, until now I haven't felt so strongly (that this is my calling). I might later on, I don't know. You never know how you will transform once you start your independent practice. It depends on how your practise goes and how people around you accept you. (Darsh)

Calling malleability

Based on the narrations, it is found that a calling orientation is not static. *Performance disconfirmation* or a refutation of ability in the perceived calling domain could erode an initial sense of calling. In other words, the sustenance of a calling orientation might rest on the continued proficiency in an occupation. In medicine, being seen as incompetent could have distressing consequences for individuals and therefore living a calling can very much be linked to work-related performance outcomes. It is also possible that performance disconfirmation can alter calling orientations because of the high performance benchmarks that individuals with callings might set themselves:

It's a calling, but it's difficult to answer. This might change. Once someone comes into medicine as a doctor, once their treatment fails, they get to know 'I'm *not* a good doctor'. Obviously they will think that their dreams are not fulfilled and they are not *fit* to be a doctor. (Yogi)

Disconfirmed expectations is a theme that surfaced in very few narrations. Here, the individuals admitted harbouring an initial calling towards medicine, but having encountered the profession with particular beliefs were discouraged by the apparent 'system' of healthcare. Undesirable experiences were cited as resulting in disillusionment. One participant complained:

I'll be honest with you, that feeling was there initially (that this is my calling) but later it just started subsiding after seeing the environment and how doctors behave...I do

not like the system here, as far as I know, it's all a money-minting business.

(Muhammad)

The experiences and outcomes associated with behavioural involvement in a calling domain are significant. Work environments indeed provide individuals with the opportunity to explore how their values 'match' others in the profession and help them verify personal value congruity with the occupational practices to which they are exposed. Occupational and organizational environments can therefore nurture or frustrate a calling orientation.

Finally, some calling-oriented interviewees revealed the amenability of their calling based on possible future desires and life experiences, suggesting a more *open-ended emphasis*: "Maybe along the way I'll realize that this is not *enough*, that I need to help people *more* or help them in a different way....maybe open and run a hospital" (Simran). Another stated: "I might go through some sort of experience, some sort of event.....some spiritual thing, where my calling could completely change". (Reuben)

Discussion

This study has provided a greater understanding of the role of the family in the development of a calling orientation. Furthermore, a number of other factors that shape a calling are identified. Using a narrative-based approach to explore the careers of junior doctors and medical interns in India, the current study allowed for the examination of various influences on the development of a calling outlook. The identified processes could additionally operate in concert, helping individuals make sense of work as a calling or reinforcing their orientation. The findings also suggest that callings can be distinguished along a time-based continuum, with the possibility of realization preceding, or succeeding entry into an occupation after gaining practical work experience.

First, in relation to the development of a calling orientation prior to occupational entry, the centrality of familial relationships in nurturing and facilitating a calling outlook was evidenced, with individual orientations being aligned with family values. The nature of communication in generativity and the creation of family legacy was found to be particularly important, additionally suggesting that work planning strategies can be part of a ‘family career development project’ (Young et al., 2001, p. 191), where joint actions with parents shape an individual’s occupational aspirations and choice (Liu, McMahon, & Watson, 2015). It was also seen that occupational inheritance by means of following the vocational footprints of family members provided certain participants with career-related efficacy, value inheritance, and the vicarious transfer of work-related human capital (Bryant et al., 2006). The actors involved in such intergenerational skill and value transmission not only included immediate family members but also the extended family (grandparents, uncles, cousins). Indeed, meaning-making in collectivist cultures can be intrinsically relational, thereby influencing vocational interests, expectations and expressions (Blustein, 2011).

Second, affective responses to various work and life experiences were also reported as influencing work orientation. Trigger episodes could present themselves before or after occupational entry to instil a strong sense of purpose and attachment to a particular work domain. Third, comparable to findings in the West (Bunderson & Thompson, 2009; Hunter et al., 2010), as well as the East (Zhang et al., 2014), a perceived external locus of control through belief in destiny played a role in a few participants appraising medicine as their calling. It is also noteworthy that similar to Zhang et al.’s (2014) findings in China, explicit religious sentiments were not widespread in the present study, with only three participants in the sample referring to the Spirit of God in their choice of occupation and continued practice in the field. In all three narrations, however, there were accompanying references to fate and destiny. Indeed, determinism plays an important role in Indian society, philosophy, and

religious outlook (Laungani, 1992) and sensing a ‘hand of destiny’ after entering a domain explains how individuals might ‘come to embrace’ their work as a calling (Loder, 2005). Fourth, corresponding to studies establishing the fit perspective as a source of one’s calling (Duffy et al., 2014; Hunter et al., 2010), the present study found that individual beliefs in both skills and value fit were important determinants of a calling. While a values-match supposition predominated the calling narratives, it should be noted that in occupations such as medicine, expertise and traditional career progression can frequently be associated with the ability to *live* one’s calling. Therefore, a skills and abilities fit can be particularly useful in reinforcing work orientations.

To date, qualitative research on work-related callings has focussed primarily on exploring the experiences of those individuals possessing a calling orientation. The current interview-based study is unique in comparing the narratives of calling and noncalling participants and shedding light on the vocational development and perceptions of these distinctive groups. The literature has also been somewhat silent about whether the features that shape a calling are unique as compared to a career (e.g. hierarchical progression) or a job (e.g. monetary rewards) orientation (Wrzesniewski et al., 1997). Indeed, it cannot be assumed that persons who find their perfect fit, who carry on a family legacy, or believe in their occupation as destiny, perceive their work as a calling. In comparing the narratives of self-identified calling and noncalling participants, this paper contends that the sources (e.g. fit, guidance from friends and family) that shape a calling, career, and job orientation are not unusual in themselves; however, the development of a calling perception is distinctive in terms of one’s resultant affective disposition towards the occupation. Those with calling orientations, compared to noncalling participants, demonstrated a much greater emotional attachment to the vocation which could be further attributed to relational influences during formative and early work experiences. It was found that the nature of familial communication

can play a particularly salient role in shaping one's orientation to an occupation. Participants who reported engaging in more dialectical generative communication within the family domain, and those who received implicit or explicit *value*, *expectation* and *description* messages were more likely to report a calling towards medicine.

Conversely, participants who demonstrated a greater reliance on and compliance with *prescription* messages (Myers et al., 2011), and who reported opting for medicine to fulfil their 'duties' to their parents, were unlikely to discuss their occupation as a calling. This is in contrast to Zhang et al.'s (2014) study in China, a country that also has a collectivist culture, which found that an occupational calling can be characterized by a sense of duty towards family, society and nation. Such an involvement of others in invoking callings has been critically appraised as having the propensity to shore up feelings of obligation, thereby taking a form of social control and undermining agency (Berkelaar & Buzzanell, 2015). The findings of the present study suggest that while one might follow a career path to fulfil family obligations, the perceived value alignment with parental outlook and a felt volition in vocational development could have a central role in acquiring a calling orientation. The processes of value internalization, introspection and self-observation appear to be core features of calling realization. Indeed, prior research suggests that individuals with a calling have a propensity to display a higher achievement of vocational identity in terms of career decidedness and career self-exploration than noncalling individuals (Hirschi, 2011). Therefore, in the Indian context, it is possible that the interactions between the individual and collectivist self provides an environment that is conducive to the development of a calling. On a more critical note, in relation to recognizing and pursuing a call, agentic behaviour can nevertheless be seen as co-occurring within boundaries implicitly or explicitly set by reference groups and the sociocultural milieu of the individual (Bandura, 1999).

In line with a dynamic model of calling (Dobrow, 2013), this study also demonstrated that callings can be malleable in nature. The findings showed that callings can be disconfirmed by experiences of frustration and unmet expectations in the vocational path. Moreover, for some participants in the present study, the felt validation of their expertise and self-efficacy beliefs appeared to be an important feature in the recognition and sustenance of their calling. Therefore, if ability is strengthened through behavioural involvement in an occupation, it could play a role in shaping the appraisal of one's work as a calling (Dobrow, 2013). While it has been suggested that the presence of a calling can increase an individual's belief in one's ability (Hirschi, 2012), the findings of the present study suggest that a loss of self-efficacy within a work domain can alter one's occupational outlook (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). One's expectations and efficacy beliefs can therefore not only help explain how initial callings develop or are subject to erosion over time, but also assist in clarifying how positive and supportive working environments are necessary for the growth and sustenance of a calling (Duffy, Manuel, Borges, & Bott, 2011). This observation is particularly pertinent to the medical field, where *living* one's calling can have both a significant positive and negative impact on others. A few participants additionally discussed being open to new callings. Seen through a lifespan perspective (Duffy et al., 2012), callings can therefore evolve through one's lived experiences. Overall, the findings of this study highlight that callings cannot be conceptualized as static, and that a calling orientation is shaped by one's proximal occupational work experiences and is further integrated with one's relational and cultural context.

This research has its limitations. The present sample reflects the perceptions of a limited sample of well-educated individuals in an occupation with high societal 'worth' and status in India. As the medical profession inherently has an underlying prosocial intent (Borges, Manuel, & Duffy, 2013), there is a possibility that the factors influencing the

development of a calling orientation identified herein are particularly unique to the medical field, especially in relation to the role of the family in shaping calling orientations. Future research should therefore explore if and how cultural and familial values and communication impact on the calling orientation of other occupational groups. In samples of medical students, although first year undergraduates are found to endorse 'having' a calling rather than 'searching' for one (Borges et al., 2013), it has been noted that with time, perceiving one's life as meaningful and demonstrating vocational development increases the possibility of perceiving one's career as a calling (Duffy et al., 2011). As the current sample included junior doctors and medical interns with work experiences, it is likely that for some, the satisfaction with their professional surroundings, favourable feedback from patients, and growing efficacy beliefs provided an environment to help them crystallise their work orientation in a meaningful manner. Subsequent research efforts should therefore be directed at determining how calling orientations develop through one's lifespan and how this might be further influenced by distinct occupational characteristics. Finally, the qualitative nature of the study limits the generalizability of the findings. Future research could test some of the propositions herein (such as the association between calling orientations and familial communication) using a longitudinal, quantitative research design.

Conclusion

The findings of this study suggest that various factors shape a calling orientation in the Indian context, including family traditions and communication, meaning-making as destiny, affective responses to events, and self-efficacy beliefs. The research raises particularly important questions about the role of the family in vocational socialization and value transmission in the sensemaking of work. Career advisors can therefore profit by exploring culturally sensitive themes in order to understand the cognitive opportunities and limits that individuals might face in relation to work exploration and calling pursuit. For

those demonstrating more collectivist cultural leanings, in-group influences are expected to be particularly salient in the meaning-making of work, possibly all the more in higher status professions. One might examine the nature of family traditions and communication to understand why individuals exhibit certain preferences and how they make sense of occupations. This exploration is pertinent to career practitioners and educators both in the local and international context, who provide vocational guidance to individuals who are influenced by the Indian cultural milieu. Additionally, the sources of occupational choice for those with and without calling orientations might not necessarily be distinct in themselves; however, societal and parental pressure, the prestige associated with a career and the ‘security’ of a profession might be emphasized by noncalling individuals to a greater extent when examining their occupational choice. Such conditions however do not conclusively preclude the development of a calling at a later stage of one’s working life as a calling orientation can surface both prior and subsequent to occupational entry and does not necessarily remain fixed. Callings might be strengthened or diminished depending on efficacy beliefs, job performance, work expectations, and other life experiences. Callings and alternative work orientations might therefore be uncovered by encouraging reflection on life events and one’s affective responses to these episodes. This assessment could continue through various life stages as efficacy beliefs, and attitudes influenced by work and life experiences, evolve. It would therefore be useful for advisors to highlight the benefits of self-reflection, to emphasize agency in assessing one’s ‘fit’ with an occupation, and to encourage individuals to play a more active role in finding purpose at work.

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